

EXHIBIT E



Department of
Education

[Parent Name]

Parent/Guardian of [Student Name]

[Home Address]

April 2020

Dear [Parent Name],

We are pleased to inform you that your child, [Child's Name], is invited to participate in the Summer 2020 Discovery program at <SCHOOL>. This invitation is based on:

- Your child's score of <merge SHSAT Score> on the fall 2019 Specialized High Schools Admissions Test (SHSAT);
- The order of the specialized high school(s) that your child listed on their SHSAT answer sheet; and
- The Economic Needs Index (ENI)¹ of your child's current school.

The Summer 2020 Discovery program at <SCHOOL> is a rigorous academic program for disadvantaged students who scored just below the qualifying SHSAT score. Students who participate and complete the program will receive an offer to attend <SCHOOL> this fall. In order to receive an offer to <SCHOOL>, your child must:

1. Meet 8th grade promotion requirements.
2. Continue to live in New York City. This offer is only valid for current NYC residents.
3. Attend each day of the Discovery program. The tentative location, dates, and times are below.
4. Successfully complete the Discovery program's academic coursework.

Tentative Location (school staff will provide more information before the program starts): <merge address>

Dates and Times: <merge date range>, <merge time range>

Schedule: <merge schedule>

To participate in the Discovery program at <SCHOOL>, please complete the application on the next page and return it to your child's school counselor at your child's current school by **Friday, May 15, 2020**. You do not need to submit any documentation along with the application. In light of the current public health emergency, you should submit this application via email to your school counselor. When you do, please include the following text in your email message, and type your name below the following text in the body of the email:

I understand that acceptance into the participating specialized high school, under the guidelines of the Summer 2020 Discovery Program, involves satisfactory performance for the full duration of the summer program.

In light of the current public health emergency, I have been instructed to submit this application via email and to type my name below. I understand that by typing my name below I signify that I understand and accept these terms to the same extent and effect as if I had signed my name.

Participating in this program will not affect your child's high school offer. Your child will keep their high school offer until they successfully complete the Discovery program.

¹ To participate in the Discovery program, students must attend schools whose Economic Need Index (ENI) is 60% or higher. Read more about the ENI at [https://www.schools.nyc.gov/docs/default-source/default-document-library/diversity-in-new-york-city-public-schools-english \(page 4\).](https://www.schools.nyc.gov/docs/default-source/default-document-library/diversity-in-new-york-city-public-schools-english (page 4).) To see your school's ENI percentage, visit tools.nycnet.edu/guide/2019.

After you submit the application on the next page, <SCHOOL> will provide more information on the location, dates and times, schedule, coursework, and other details before the program starts. If you have questions, please speak with your child's school counselor at your child's current school. You can also call us at **718-935-2009**.

Sincerely,
The High School Admissions Team
The Office of Student Enrollment



Summer 2020 Discovery Program Application

Section A: STUDENT INFORMATION. Review all information in this section and tell your school counselor immediately if anything is incorrect.

Student Name	OSIS
Student Address	
Parent/Guardian Name	Home Phone
Student SHSAT Score	Name of Discovery Program

Section B: DISADVANTAGED ELIGIBILITY. It has been pre-determined that your child attends a high-poverty school.

Your child meets the requirement indicated below:

- Your family receives assistance from the Human Resources Administration (welfare or SNAP benefits).
- Your child is in foster care, a ward of the state, or is a Student in Temporary Housing as defined by McKinney-Vento (nysteachs.org/topics/mckinney-vento-eligibility).
- Your child is an English Language Learner or a former English Language Learner within the previous 2 school years and enrolled in a DOE school for the first time within the last four years.
- Your family earns **less than** the reduced-price lunch income threshold (based on household size) in the USDA Food and Nutrition Service Income Eligibility Guidelines (www.govinfo.gov/content/pkg/FR-2019-03-20/pdf/2019-05183.pdf).

Section C: STUDENT & PARENT/GUARDIAN SIGNATURE

In light of the current public health emergency, I understand that I should submit this application via email to my current school counselor. When I do, I will include the following text in my email message, and type my name below the following text:

I understand that acceptance into the participating specialized high school, under the guidelines of the Summer 2020 Discovery Program, involves satisfactory performance for the full duration of the summer program.

In light of the current public health emergency, I have been instructed to submit this application via email and to type my name below. I understand that by typing my name below I signify that I understand and accept these terms to the same extent and effect as if I had signed my name.

Please review the information in the attached Discovery program letter.

Parent/Guardian (Please print)	Signature	Date
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Student (Please print)	Signature	Date
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Section D: SCHOOL INFORMATION

Current School Name	<input type="text" value="<School Name>"/>	DBN
School Address	<input type="text" value="<School Address>"/>	
School Contact Name (please print)	<input type="text"/>	School Contact Role <input type="text"/>
School Contact Email	<input type="text"/>	

Section E: PRINCIPAL OR SCHOOL COUNSELOR CERTIFICATION

I recommend the above student for the Summer 2020 Discovery program, and certify that the information included in this application is accurate to the best of my knowledge.

Principal or school counselor (Please print)	Signature	Date
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